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TRENDS IN PREVENTIVE MEDICINE IN USSR

[Comment: The following report shows instances of current Soviet developments in preventive medicine together with efforts to emphasize the prophylactic approach to medical problems rather than therapy.]

Although the Russian term "profilaktika" may be directly translated "prophylaxis," "preventive medicine" is used in this report since the latter term appears to be used more extensively in English-language medical literature.

Numbers in parentheses refer to appended sources.]

Introduction

Recent USSR medical publications, resolutions passed by medical meetings, and official directives and other releases emphasize what is described as the preventive trend in USSR medicine, referring to this trend as a rather new and unique development. In view of the fact that medical prophylaxis is almost as old as medicine itself, one certainly cannot assume that there is any preventive trend in Soviet medicine as compared with older trends, except for purposes of propaganda. However, preventive medicine, which requires a more elaborate medical organization and presupposes a higher state of medical knowledge than therapy of diseases which occur because they could not have been prevented, is currently emphasized in the USSR. The significance of this emphasis is twofold. First, as medical knowledge advances, the prevention of diseases which could not be prevented before becomes possible, in other words, prevention can be applied to an increased degree in modern medicine as compared with older medicine. To this extent, adherence to a preventive trend is merely recognition of the fact that medicine advances and that the latest achievements of medical knowledge should be applied to advantage. However, if medicine does not advance fast enough to prevent the occurrence of some old or new diseases, or the medical organization

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is inadequate to cope with the prevention of these diseases, emphasis on medical work which will make prophylaxis possible becomes necessary. One may interpret the second aspect of the USSR medical propaganda with reference to preventive medicine from this standpoint and assume that there is a desire to guide medical research towards the achievement of higher goals, eliminate shortcomings in medical work, and strengthen the state-controlled medical organization by increasing its effectiveness and scope.

Recent Trends

Resolutions of the 19th Party Congress emphasized preventive medicine as the immediate task for hygienists and epidemiologists. The September and the February-March Plenums of the Central Committee of the CPSU and the All-Union Scientific Society of Hygienists stressed the same thing. The Soviet authorities on many occasions stressed that if agricultural economy is to gather momentum as soon as possible, assimilation of the dispensary system of medical treatment by all medical establishments must acquire greater significance. (1, 2, 3, 4, 5, 6)

The imposing program for further industrial expansion and for growth in agricultural production, proclaimed by the resolutions of the Fifth Session of the Supreme Soviet USSR and of the September Plenum of the Central Committee of the CPSU, have placed great responsibility on Soviet medicine. All this placed an obligation upon the medical workers to intensify preventive medical work in villages and to generate new activity. Preventive medical work has been successfully carried out in many cities of the USSR by the outpatient clinics. These clinics were organized within the framework of medical districts. Each medical district has been serving as a basic unit of medical aid and the physician in charge as the principal organizer of medical aid within it. (7)

Dispensary service to the rural population had a late start. Experience since showed that the dispensary method of medical aid, organized within the framework of medical districts, is the primary line of defense against the spread of infections. (8, 9, 10) But this first line of defense in rural areas, the rural medical district, has been the weakest link in the public health service in the USSR. A. G. Safonov, chief, Department of Agricultural Therapeutic-Prephylactic Establishments of the Ministry of Health RSFSR has stated that "radical reorganization of health agencies of various republics, krais, and oblasts, as well as the Ministry of Health USSR, is necessary."

Background of the Trends in Preventive Medicine

The preventive trend in the Soviet public health service gained momentum after 1938. Z. V. Solov'yev, who was active during the first 10 years (1917-1927) of existence of the Soviet Union, laid the groundwork on which the present-day Soviet health system is based. Solov'yev urged that the Soviet public health system be organized in such a manner that it would be able to keep up with the ever-changing economic conditions of the country. He urged that the dispensary system of medical aid be extended to the rural communities. His views were incorporated into a directive issued in 1938 by the People's Commissariat of Health of the USSR. This directive ordered organization of rural medical districts within which dispensary service would be available. (4, 8, 10, 12, 13, 14)

* The dispensary system of medical service had its start with the establishment of tuberculosis and dermato-venereal outpatient clinics; it became closely connected with the development of national economy. This close connection was graphically depicted at the 19th Party Congress. (8, 12)

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The dispensary method of medical service consists usually of the following:

1. Early discovery of infected persons
2. Proper record keeping and follow-up treatment of a definite group of patients and examining them periodically so as to prevent relapse.
3. Systematic examination of the population by personnel of each medical district, which also maintains records of morbidity and mortality within the area of its operation, noting factors created by outside environment.
4. Prescribing measures for improvement of working conditions and living conditions. (8, 9, 10, 12, 15)

Although economic conditions are beyond the scope of medical practice, the national character of Soviet public health places it in a position to play an important economic role. To maintain and to increase the productivity of the Soviet population is one of the main functions of the Soviet public health system. (13, 14, 16)

Trends in Seroprophylaxis and Immunization

The party and government of the USSR have been stressing the need for an upswing in agricultural economy. This has placed an obligation on medical service to the rural population and the intensification of preventive medical work in villages. Among many measures directed toward reduction and eradication of communicable diseases, those against brucellosis occupy an important place. (1, 2)

Brucellosis, an infection of agricultural animals, can be transmitted to man. The level of fatality due to this disease depends mostly on the quality of sanitary-hygienic measures. Prevention of brucellosis became more successful after living antibrucellosis vaccine was developed. Living antibrucellosis vaccine is a culture of attenuated brucellae of the bovine type; it possesses high immunogenic properties against all three types of brucellae. At present, the vaccine is released in a dry form. Sufficient proof has been collected that testifies to the high effectiveness of this vaccine. (1)

On 13 July 1954, the Ministry of Health USSR issued instructions No 337, directing all medical agencies to extend vaccination to all those people who may be exposed to dangers of contracting brucellosis. Agencies of the Sanitary-Epidemiological Service have been instructed to supply all medical establishments with brucellar bacterial preparations and to keep records of all vaccinations performed and the amount of vaccine used. (17)

The recent report on discovery of a new method of seroprophylaxis of scarlet fever offers good promise of eradicating the reservoir of this disease and of lowering the quarantine period up to 2-5 days instead of 12-15 days. This method was developed by the Moscow Institute of Epidemiology, Microbiology, and Hygiene of the Ministry of Health RSFSR. A new method of production of gamma globulin has also been developed [in connection with the new method of seroprophylaxis] which would greatly increase its output. (18)

Another example of the preventive trend in Soviet medical practice is the instructions dealing with active immunization of people with a vaccine against leptospirosis. These instructions were approved by the Main Administration of Sanitary-Epidemic Control of the Ministry of Health USSR on 25 January 1954. (17)

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The directive of the Ministry of Health USSR, No 120 of 6 July 1954, directed all sanitary-epidemiological stations to intensify control over sanitary-hygienic conditions in creches and to investigate causes of each outbreak of any infection. This directive instructed all sanitary-epidemiological stations to supply creches with antimeasles serum and with various vaccines. (16, 17)

The directive 310 of 24 June 1954 of the Ministry of Health USSR placed the following obligations upon all rayon sanitary-epidemiological stations: they must have on hand at all times not less than 1,000 cc of antimeasles serum. Cities of the first category must have on hand at all times not less than 5,000 cc of antimeasles serum; cities of the second category, not less than 3,000 cc of antimeasles serum; and cities of the third category, not less than 2,000 cc of antimeasles serum. The directive also instructed the antimalarial stations of oblast, kray, and republic subordination that they must have on hand at all times not less than 1,000 cc of anticephalitis hyperimmune serum of reconvalescents and not less than 500 g of atabrin with plasmodid or bigumal with plasmodid in table form. (17)

Directive No 584 of 3 July 1952 of the Ministry of Health USSR makes vaccination of all newborn infants against tuberculosis compulsory. (3, 19, 20) Establishment of the position of pediatrician in all rural rayon hospitals was made compulsory by order No 278 issued by the Minister of Health USSR on 27 March 1951. (2, 3) Order No 100 of 1 June 1954 of the Minister of Health USSR approved the position of phthisiologist in all rural rayon hospitals. This is in line with the aim to extend specialization to all rural rayons. (20)

On 22 December 1953 the Minister of Health issued order No 973. This order directed rapid expansion of a network of therapeutic-preventive institutions for children. This order also directed that wards or divisions for children be organized in all rural rayon hospitals where specialized medical care could be given to children. The order stressed the need for encouragement of sports among children and adolescents. The program outlined must be completed during 1954-1955. (2)

Effectiveness of the vaccine against tuberculosis has been sufficiently studied and light has been thrown on the subject by many Soviet authors. No doubt exists at the present time that such vaccination is harmless. Up to 1949, newborn infants were vaccinated against tuberculosis in rural areas in only a few rayons and relatively few infants were vaccinated. Such vaccinations were successfully carried out in the Ukrainian SSR since 1949. Experience proved that feldshers and midwives could perform vaccination after they have received proper instructions. At the beginning of 1953, prophylactic vaccination was conducted in more than 2,000 rayon and medical district maternity homes and in a large number of kolkhoz maternity homes and in feldsher-midwife posts. Vaccination of infants in rural areas lagged behind that in cities principally because of the inadequate supply of liquid BCG vaccine to rural establishments. At present, dry BCG vaccine is available and vaccination of newborn infants in villages has increased considerably. That part of the directive of the Ministry of Health USSR of 27 July 1953, which instructs that vaccination of newborn infants against tuberculosis with BCG vaccine must be performed under supervision of a physician, has greatly retarded vaccination in rural areas in many of which there is no physician on duty. (19)

Although the number of tuberculosis outpatient clinics in villages increased by 7 1/2 times in the past 5 years and hospital cots increased by 5 times and the number of physicians-phthisiologists is 6 times greater than 5 years ago, use of antibiotics and chemotherapy did not increase proportionately. This is due to deficiency in organization and lack of equipment. (14, 21, 22)

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The number of rural medical districts in the RSFSR that do not have medical personnel of professional level on duty has increased considerably in the past 5 years. Shortage of feldshers and midwives also exists in rural areas of the RSFSR. There are 800 rural medical district hospitals in the RSFSR which have less than ten cots. Medical equipment is poor or is altogether lacking.(11) A total of 2,000 rural medical districts throughout the USSR do not have even one physician on duty at any time.(7) While incidence of tuberculosis in cities has fallen considerably since 1947, eradication of the disease in rural areas has not been proceeding in a satisfactory manner.(20) Considerable improvement in medical aid to the rural population is expected by the end of 1954, after recent graduates from medical schools become available for assignment to rural areas and machine-tractor stations.(11)

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